# Clinical Assessment Rating Form | Mini-CEX | Small Town Rural General Practice

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| --- | --- |
| Date | Click or tap to enter a date. |
| Registrar name | Click or tap here to enter text. |
| Assessor name | Click or tap here to enter text. |
| Current training post | Click or tap here to enter text. |
| Current stage of training | Click or tap here to enter text. |

This form is for use by the assessor conducting a mini-CEX assessment. Assessors may elect to conduct a non-focussed or focussed mini-CEX which concentrates on a particular competency area or areas. The assessment is based on three cases. All cases should be completed by the same assessor.

Consultation - Case 1

|  |  |  |
| --- | --- | --- |
| Patient information | Age: Click or tap here to enter text. | Sex: Click or tap here to enter text. |
| Patient’s problem(s) | Click or tap here to enter text. |
| Consultation type | New to the registrar [ ]  Follow up [ ]   |
| Case complexity | High [ ]  Medium [ ]   |
| RatingNot all competencies are rated on every occasion. Focus only on the relevant sections for this assessment.Select the option that best represents the registrar’s performance. You can also use these to provide narrative anchors for what you have observed and add these into the comments as appropriate. The expected standard is set at the level of Fellowship.To assist you in completing this assessment, performance criteria for each competency are listed in the attached Appendix.Criteria with a number in front represent learning outcomes and performance criteria from the **Small Town Rural General Practice**. Criteria without a number represent clinical competencies assessed at Fellowship examinations and contained within the [Clinical Competency Rubric](https://www.racgp.org.au/education/registrars/fracgp-exams/clinical-competency-exam/clinical-competency-rubric-2021). |
|  | **Not observed/ insufficient evidence to assess** | **Well below Fellowship standard** | **Progressing towards Fellowship standard** | **At Fellowship standard** |
| **Competency Area** | Not the focus of this assessment | Not observed/ insufficient evidence to assess | Significant concerns in this area | Some criteria at standard | Most criteria at standard | All criteria at Fellowship standard |
| **Communication** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Clinical Information gathering and interpretation** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Making a diagnosis, decision making and reasoning** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Clinical management and therapeutic reasoning** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Partnering with the patient, preventative and population health** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Professionalism** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Organisation and general practice systems, regulatory requirements** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Procedural skills –** **not applicable to this consultation** [ ] **If applicable, note procedure observed below:**Click or tap here to enter text. |[ ] [ ] [ ] [ ] [ ] [ ]
| **Managing uncertainty –** **not applicable to this consultation** [ ]  |[ ] [ ] [ ] [ ] [ ] [ ]
| **Managing the significantly ill patient –** **not applicable to this consultation** [ ]  |[ ] [ ] [ ] [ ] [ ] [ ]
| **Comments/recommendations for improvement** Click or tap here to enter text. |

Consultation - Case 2

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| --- | --- | --- |
| Patient information | Age: Click or tap here to enter text. | Sex: Click or tap here to enter text. |
| Patient’s problem(s) | Click or tap here to enter text. |
| Consultation type | New to the registrar [ ]  Follow up [ ]   |
| Case complexity | High [ ]  Medium [ ]   |
|  | **Not observed/ insufficient evidence to assess** | **Well below Fellowship standard** | **Progressing towards Fellowship standard** | **At Fellowship standard** |
| **Competency Area** | Not the focus of this assessment | Not observed/ insufficient evidence to assess | Significant concerns in this area | Some criteria at standard | Most criteria at standard | All criteria at Fellowship standard |
| **Communication** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Clinical Information gathering and interpretation** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Making a diagnosis, decision making and reasoning** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Clinical management and therapeutic reasoning** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Partnering with the patient, preventative and population health** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Professionalism** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Organisation and general practice systems, regulatory requirements** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Procedural skills –** **not applicable to this consultation** [ ] **If applicable, note procedure observed below:**Click or tap here to enter text. |[ ] [ ] [ ] [ ] [ ] [ ]
| **Managing uncertainty –** **not applicable to this consultation** [ ]  |[ ] [ ] [ ] [ ] [ ] [ ]
| **Managing the significantly ill patient –** **not applicable to this consultation** [ ]  |[ ] [ ] [ ] [ ] [ ] [ ]
| **Comments/recommendations for improvement** Click or tap here to enter text. |

Consultation - Case 3

|  |  |  |
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| Patient information | Age: Click or tap here to enter text. | Sex: Click or tap here to enter text. |
| Patient’s problem(s) | Click or tap here to enter text. |
| Consultation type | New to the registrar [ ]  Follow up [ ]   |
| Case complexity | High [ ]  Medium [ ]   |
|  | **Not observed/ insufficient evidence to assess** | **Well below Fellowship standard** | **Progressing towards Fellowship standard** | **At Fellowship standard** |
| **Competency Area** | Not the focus of this assessment | Not observed/ insufficient evidence to assess | Significant concerns in this area | Some criteria at standard | Most criteria at standard | All criteria at Fellowship standard |
| **Communication** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Clinical Information gathering and interpretation** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Making a diagnosis, decision making and reasoning** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Clinical management and therapeutic reasoning** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Partnering with the patient, preventative and population health** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Professionalism** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Organisation and general practice systems, regulatory requirements** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Procedural skills –** **not applicable to this consultation** [ ] **If applicable, note procedure observed below:**Click or tap here to enter text. |[ ] [ ] [ ] [ ] [ ] [ ]
| **Managing uncertainty –** **not applicable to this consultation** [ ]  |[ ] [ ] [ ] [ ] [ ] [ ]
| **Managing the significantly ill patient –** **not applicable to this consultation** [ ]  |[ ] [ ] [ ] [ ] [ ] [ ]
| **Comments/recommendations for improvement** Click or tap here to enter text. |

Global assessment

Global assessment is rated at the end of the clinical assessment. This represents your overall impression across all direct observation of patient consultations and clinical case analyses performed. Competent overall performance includes communication, information gathering, management, partnering with the patient, organisation and systems, and professionalism.

Based on these assessments it reflects the doctor’s readiness for competent, unsupervised practice in Australia for this curriculum unit.

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| --- |
| Global assessment of competence |[ ] [ ] [ ]
|  | **Well below Fellowship standard** | **Progressing towards Fellowship standard***Needs further development to meet performance expectations for indicated competencies* | **At Fellowship standard** |
| Registrar strengthsClick or tap here to enter text. |
| Areas for improvementClick or tap here to enter text.  |
| CommentsClick or tap here to enter text. |

Concerns regarding registrar performance

|  |  |  |  |
| --- | --- | --- | --- |
| Indicate your level of concern with this registrar’s performance. *Please check the appropriate box*  | Significant concern[ ]  | Moderate concern[ ]  | No concern[ ]  |
| Details of concernClick or tap here to enter text.  |
| If significant concern selected:Does this meet criteria for critical incident reporting?*Refer to Critical incident and adverse event management and reporting guidelines for training programs* |
| Have you reviewed your concerns with the registrar?[ ]  Yes [ ]  No |

Feedback and future development plans

Goal 1

|  |  |
| --- | --- |
| Specific area for improvement  |  Click or tap here to enter text. |
| Registrar’s goal *Specific, measurable, achievable, relevant and time-bound*  |  Click or tap here to enter text. |
| Registrar’s actions *How is the registrar going to achieve the goal*  |  Click or tap here to enter text. |
| Outcome measure *How will registrar and supervisor measure improvement*  |  Click or tap here to enter text. |

Goal 2

|  |  |
| --- | --- |
| Specific area for improvement  |  Click or tap here to enter text. |
| Registrar’s goal *Specific, measurable, achievable, relevant and time-bound*  |  Click or tap here to enter text. |
| Registrar’s actions *How is the registrar going to achieve the goal*  |  Click or tap here to enter text. |
| Outcome measure *How will registrar and supervisor measure improvement*  |  Click or tap here to enter text. |

Goal 3

|  |  |
| --- | --- |
| Specific area for improvement  | Click or tap here to enter text. |
| Registrar’s goal *Specific, measurable, achievable, relevant and time-bound*  | Click or tap here to enter text. |
| Registrar’s actions *How is the registrar going to achieve the goal*  | Click or tap here to enter text. |
| Outcome measure *How will registrar and supervisor measure improvement*  | Click or tap here to enter text. |

Acknowledgment and review

***Assessor acknowledgement***

[ ]  I have completed the assessment and provided direct feedback to the registrar. We have discussed areas for further learning and development.

**Registrar Sign-Off**

|  |  |
| --- | --- |
| Registrar Name |  |
| Signature  |   |

**Assessor Sign-Off**

|  |  |
| --- | --- |
| Assessor Name |  |
| Signature  |   |

# Appendix: Performance Criteria

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| **Competency Area** | **Performance Criteria** |
| **Communication** | * 1. Demonstrate advanced communication skills with patients, family members and carers
	2. Record information accurately
	3. Communicate effectively with other health care professionals
* Communication is appropriate to the person and sociocultural context
* Engages the patient to gather information about their symptoms, ideas, concerns, expectations of health care and the full impact of their illness experience on their lives
* Matches modality of communication to patient needs, health literacy and context
* Communicates effectively in routine and difficult situations
* Demonstrates active listening skills
* Uses a variety of communication techniques and materials (e.g. written or electronic) to adapt explanations to the needs of the patient
* Uses appropriate strategies to motivate and assist patients in maintaining health behaviours
* Consults effectively in a focused manner within the time-frame of a normal consultation
* Prioritises problems, attending to both the patient’s and the doctor’s agenda
* Safety netting and specific follow up arrangements are made
* Develop maintain and review effective communication strategies for communicating with patients and other health professionals who are located remotely
* Adapt communication to accommodate situations common in rural and remote areas and maintain effective communication infrastructure relevant to the practice setting
* Identify appropriate modes of communication in the practice and the community
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| **Clinical Information gathering and interpretation** | 1.2 Record information accurately* A comprehensive biopsychosocial history is taken from the patient
* All available sources of information are appropriately considered when taking a history
* An appropriate and respectful physical examination is undertaken, targeted at the patient’s presentation and likely differential diagnoses
* Physical examination findings are detected accurately and interpreted correctly
* Specific positive and negative findings are elicited
* Rational options for investigations are chosen using an evidence-based approach
* Interprets investigations in the context of the patient’s presentation
* Work effectively with patients who live in isolation
 |
| **Making a diagnosis, decision making and reasoning** | 2.1 Demonstrate a range of clinical skills relevant to common conditions and diseases found in rural communities2.4.1 Use and interpret a range of medical imaging modalities where appropriate and available, including x-rays and ultrasound* Integrates and synthesises knowledge to make decisions in complex clinical situations. Modifies differential diagnoses based on clinical course and other data as appropriate. Demonstrates diagnostic accuracy.
* Collects/reports clinical information in a hypothesis driven manner. Articulates an appropriate problem definition. Directs evaluation and treatment towards high priority diagnoses.
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| **Clinical management and therapeutic reasoning** | 2.2 Manage mental health issues2.3 Manage patients with chronic diseases and disabilities2.4 Source and use appropriate resources2.5 Manage emergencies* Demonstrates knowledge of common therapeutic agents, uses, dosages, adverse effects and potential drug interactions and ability to prescribe safely
* Rational prescribing is undertaken
* Monitors for medication side-effects and risks of polypharmacy
* Non-pharmacological therapies are offered and discussed
* Outlines and justifies the therapeutic options selected, basing this on the patient’s needs and the problem list identified
* Safely prescribes restricted medications using appropriate permits
* Non-pharmacological therapies are offered and discussed
* A patient-centred and comprehensive management plan is developed
* Provides effective explanations, education and choices to the patient
* Work effectively with patients who live in isolation
* Link into existing networks of health professionals in rural and remote settings
 |
| **Partnering with the patient, preventative and population health** | 1.1.1 Demonstrate focused, flexible and appropriate communication with patients1.1.2 Effective communication with patients from culturally and linguistically diverse communities1.1.3 Effective communication with patients from Aboriginal and Torres Strait Islander backgrounds1.1.4 Provide clear health information to patients on ways to manage and improve their health1.1.5 Use a range of information technology to enable effective patient communication, including telehealth.5.2 Manage continuity of care* Implements screening and prevention strategies to improve outcomes for individuals at risk of common causes of morbidity and mortality
* Uses planned and opportunistic approaches to provide screening, preventative care and health promotion activities
* Coordinates a team-based approach
* Demonstrates understanding of available services in the local community
* Current and emerging public health risks are managed appropriately
* Educates patients and families in disease management and health promotion skills
* Identifies opportunities to effect positive change through health education and promotion
* Uses appropriate strategies to motivate and assist patients in maintaining health behaviours
* Develop and deliver health promotion activities in the community to address identified risks
* Implement strategies to minimise obstacles to accessing care
* Work effectively with government and nongovernment organisations and the community to optimise health service provision
* Manage public health risks according to various guidelines
* Work effectively with patients who live in isolation
* Implement strategies to minimise obstacles to accessing care
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| **Professionalism** | ​1.3 Communicate effectively with other health professionals2.6 Work effectively with other health professionals4.1 Apply high standards of ethical practice and behaviour4.2 Establish positive relationships with colleagues and other health professionals4.3.3 Identify and address professional development needs and opportunities4.3.5 Practice critical self-reflection* Exhibits high standards of moral and ethical behaviour towards patients, families and colleagues (including an awareness of appropriate doctor/patient boundaries)
* Appropriately manages ethical dilemmas that arise
* Identifies and manages clinical situations where there are obstacles to provision of duty of care
* Judges the weight of evidence, using critical appraisal skills and an understanding of basic statistical terms, to inform decision-making
* Shows a commitment to professional development through reflection on performance and the identification of personal learning needs
* Actively engages in feedback as a dialogue, discussing performance and setting own goals for professional development
* Effectively manage any conflicts between personal and professional roles
* Effectively communicate limits of role boundaries to patients, staff and community members

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| **Organisation and general practice systems, regulatory requirements** | 5.1 Work effectively in a general practice situation5.2 Manage continuity of care5.3 Engage with local area health services and local government* Maintains comprehensive and accurate clinical notes
* Written communication is clear, unambiguous and appropriate to the task
* Demonstrates efficient use of recall systems to optimise health outcomes
* Accurately completes legal documentation appropriate to the situation
* Implements best practice guidelines for infection control measures
* Patient confidentiality is managed appropriately
* Informed consent is explained and obtained
* Set up systems to optimise time management for the practice in a rural community with limited resources
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| **Procedural skills** | * Demonstrates a wide range of procedural skills to a high standard and as appropriate to the community requirements
* Refers appropriately when a procedure is outside their level of competence.
* Identify, cultivate and maintain skills relevant to the practice and specific to community needs
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| **Managing uncertainty** | * Manages the uncertainty of ongoing undifferentiated conditions
* Addresses problems that present early and/or in an undifferentiated way by integrating all the available information to help generate differential diagnoses
* Recognises when to act and when to defer doing so and uses time as a diagnostic tool
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| **Managing the significantly ill patient** | * A significantly ill patient is identified.
* Has confidence in and takes ownership of own decisions while being aware of own limitations
* Demonstrate leadership in emergency situations
* Liaise with emergency services to enhance preparedness to deal with emergencies
 |